Facility Based Quality Assessment of designated FRU's in Aspirational District Vidisha

By

Vatsal Dilipbhai Kevadiya

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Facility Based Quality Assessment of designated FRU's in Aspirational District Vidisha

By

Vatsal Dilipbhai Kevadiya

Dissertation submitted in partial fulfillment of award of

MBA Hospital and Health Management

Academic year, 2017-2019

Piramal Foundation

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Vatsal Dilipbhai Kevadiya student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Piramal

Foundation from 1st Feb 2019 to 6th May 2019.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

17 May 19.

Dr. Sandesh Sharma
Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

The certificate is awarded to

Dr. VATSAL DILIPBHAI KEVADIYA

In recognition of having successfully completed his

Internship in the department of

QUALITY

and has successfully completed his Project on

FACILITY BASED QUALITY ASSESSMENT OF DESIGNATED FRU's IN ASPIRATIONAL DISTRICT VIDISHA

Date: May 18, 2019

Organization: Piramal Foundation

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

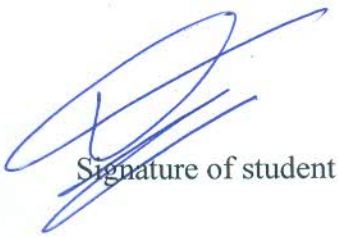
We wish him all the best for future endeavors

Training & Development

General Manager - Human Resources

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **Facility Based Quality Assessment of FRU's in Aspirational District Vidisha** and submitted by **Dr. Vatsal Dilipbhai Kevadiya Enrolment No 0690** under the supervision of **Dr Sandesh Sharma** for award of MBA in Hospital and Health of the University carried out during the period from 04/02/2019 to 08/05/2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature of student

ABSTRACT

Title- Facility Based Quality Assessment of FRU's in Aspirational District Vidisha

Objectives- To assess the first referral units of Vidisha District Using ADT NITI Piramal Checklist [LaQshya]

To identify the gaps on various departments & parameters in the existing practices in accordance with the Standard operating procedure of LaQshya + NQAS

Methods- A descriptive cross-sectional study was carried out in the First referral units of Vidisha district using a predefined checklist to do the situational analysis.

Study setting- District Hospital Vidisha, Sub District Hospital Basoda& Sironj, Vidisha, Madhya Pradesh**,**

Type of data collected- Both primary and secondary data was collected to check the compliance, partial compliance and non-compliance and then analyzed using Microsoft advance excel.

Results- The seven parameters infrastructure, services, manpower, trainings, equipment, drugs and supplies, IEC and patient education and documentation scores fall below 70%. [SDH Basoda, Sironj]

Conclusion- It has identified that there is huge gap between standard set by Piramal Checklist [LaQshya + NQAS] & actual service delivery gaps of first referral unit's in Sironj [34%] & Basoda SDH [33%]. DH Vidisha overall facility score is 73.62% which is achievable score for LaQshya certification, it is seen from the graphs that all the parameters are inter-related and responsible for the shortfall of the facility .C-Section's are the current challenges for Sironj & Basoda SDH due to unavailability of insufficient parameters gaps identified

ACKNOWLEDGEMENT

It is a matter of great privilege for me to express my sincere thanks to Piramal Foundation who helped me through their expert guidance, active co-operation and goodwill in completion of this study even at the cost of their inconvenience.

I express my deepest thanks to my State Transformation Manager Dr. Sumeet Saxena[STM] for giving necessary advice and guidance and arranging all facilities to make this Dissertation Report easier.

My hearty gratitude is towards my guide Dr. Sandesh Sharma, Assistant Professor, IIHMR Jaipur, for guiding this work. I am particularly indebted to him for providing the conceptual and theoretical background of this study as well as for suggesting me the line of approach. He has not only provided me stimulation off and again to collect and analyze me data but also shown his unique capacity of tolerance and direction to guide me at every crossroads. Without his keen interest and constant encouragement, this study would not have seen the light of the day. It is really a subject of great pride for me to work under such a learned expert. I pay my respects to him.

I express my gratitude towards my parents for their blessings. I am also thankful to my friends for helping me and the encouragement that they provided to me for carrying out this dissertation work.

Finally, yet importantly, I am very much thankful to and beneficiaries of the field area for their co-operation and participation, without which my study would not have been possible.

Dr. Vatsal Kevadiya

Facility Based Quality Assessment of designated first referral units of Vidisha district

Introduction

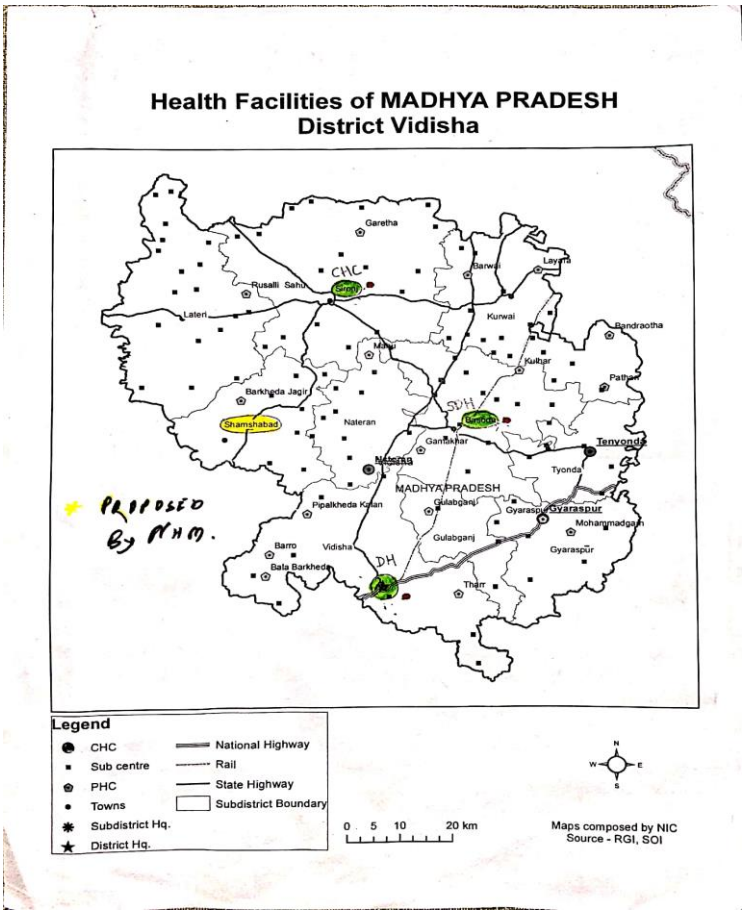
For reducing maternal, new born and child mortality the focus has been on reaching higher coverage with key RMNCH interventions. It has been observed that the evidence-based interventions are often delivered with insufficient quality. A number of studies over the past years have documented poor quality of care provided to neonates and children. Similarly, deficiencies in maternal health care, for both routine and emergency care, have also been described. Poor quality of care may even be harmful for the health of the individual and lead to adverse effects on future health-seeking behavior by communities. Low utilization of health care services by the population and lack of progress towards achieving MDG 4 and 5 can be partially attributed to the poor quality of the services.

There are several common reasons why people do not receive the requisite care in first referral health facilities/hospitals. These include:

- Lack of resources in terms of physical infrastructure and basic facilities, appropriate staff, essential equipment and supplies
- Health workers have insufficient clinical knowledge and skills or understanding of how to ensure good quality of care
- Lack of organization of services at health facilities so that staff are not able to easily provide care that they know is important
- Non- availability of blood banking facilities

In view of the foregoing, it is considered imperative that the States look at the existing facilities and identify clearly their requirements for putting into place fully functional first referral units (FRUs). It is envisaged that each district should have at least 3-4 fully functional facilities which are equipped to provide the full range of Emergency Obstetric and New-born Care on a round-the-clock basis. Henceforth, some of the facilities have been identified by the government as first referral units (FRUs) and have been supplied with required equipment's and kits to enable them to meet any emergency related to Obstetric and New-born Care. Medical personnel posted in PHC and sub centres are advised to refer patients to designated FRUs of that area for Emergency Obstetric and New-born Care.

FRUs are expected to be fully equipped with adequate services, Infrastructure, manpower, drugs and supplies and equipment's. Every state must ensure the availability of all Essential (minimum assured services) and aspire to achieve Desirable (the ideal level services which the states and Union Territories shall try to achieve).



Map showing designated FRU's location in Vidisha District, MP

RATIONALE-

The situation analysis is basically an assessment of the extent to which health services address the health needs. It aims, to describe an analysis of the situation, to explain what is happening and to identify factors that are facilitating or preventing progress in the services. The idea for conducting a detailed gap analysis is to have clear resource and time implications and strategy formation for the desired state to close the gap. The findings can be used later for comparison with the finding of internal assessment after implementation of action plan to look for exact improvement that has taken place over that period. Therefore, to identify the root cause of factors responsible for low utilization of resources and prioritize the problems and needs of the department situational analysis is needed.

Limitations of the Study

1. The time period of the study is limited to three months. The study may not be valid for a longer duration owing to rapid changes in the healthcare delivery systems and models.
2. Due to a limited amount of time and resources involved to carry out this study was restricted to Implementation of action plan. The conclusions drawn from this

Research question-

- To Evaluate the quality health care delivery system in first referral units of Vidisha district

Objective-

- To Assess the quality health care delivery system in first referral units in Vidisha district using the Piramal foundation checklist [NQAS + LaQshya]
- To Identify the gaps in various departments & parameters in the existing practices in considering the LaQshya & NQAS standards

In scope		Out of scope	
District hospital	CHC/SDH	District hospital	SDH/CHC
1. Labour room 2. Operation Theatre 3. Family Planning 4. Laboratory 5. Special Newborn care unit (SNCU), 6. Blood Bank.	1. Labour room 2. Operation Theatre 3. Family Planning 4. Laboratory 5. Newborn stabilization unit (NBSU) 6. Blood storage unit (BSU)	Rest of the other departments of the facility.	

REVIEW OF LITERATURE-

A study was carried out to implement the quality assurance measures in two districts of Bihar. Health facilities having >200 deliveries/month were assessed using labor room quality assurance checklist developed by the ministry of health and family welfare. The critical gaps affecting service delivery were identified and a list of priority actions for quality improvement was developed. An intervention was done between August 2014 to March 2016 in consultation with the district authorities mainly focusing on the building blocks of the health system. This two-year intervention resulted in improvement in the Infection control scores by 20 points in Gaya and 10 points in Purnea. The highest gain in scores was observed in Gaya, that is, from 6.2 to 58.2. The model attempted to incorporate all the elements of the health system to ensure scalability and sustainability. It is possible to have an implementable quality assurance mechanism within public health system with sustained efforts and commitment. (1)

A study was carried out in the 10 districts of Rajasthan to improve the quality of childbirth services. The intervention named “Parijaat” was designed by the Action Research and Training for Health in partnership with the State Government and United Nations Population Fund. The intervention was carried out in 44 public health facilities of 10 districts of Rajasthan, India. The main intervention was orientation and training of doctors, program managers and regular visits to the facilities involving assessment, feedback, training, and action. The adherence to evidence-based practices before, during and after this intervention were measured using structured checklists and scoring sheets.

It was noticed that several unnecessary or harmful practices reduced significantly and beneficial practices like use of oxytocin after delivery, practice of listening fetal heart sounds during labor were adopted. Therefore, it was concluded that intervention based on repeated facility visits combined with actions at the level of decision makers can lead to substantial improvements in quality of childbirth practices at health facilities.(3)

A cross-sectional study was conducted in a predominantly urban township of Yangon and a predominantly rural township of Ayeyawady in March 2016 in Myanmar. Data was collected from 1500 women to assess the adequate contact made by women and newborns with skilled care providers, reception of high-quality care and quality-adjusted contacts during antenatal care (ANC), peri-partum care (PPC) and postnatal care (PNC) in Myanmar. Using multilevel logistic regression analysis with a random intercept at cluster level, we identified factors associated with adequate contact and high-quality ANC, PPC and PNC. The percentage of crude adequate contact was 60.9% for ANC, 61.3% for PPC and 11.5% for PNC. However, the percentage of quality-adjusted contact was 14.6% for ANC, 15.2% for PPC and 3.6% for PNC. Adequate contact was associated with receiving high-quality care at ANC, PPC and PNC. Being a teenager, low educational level, multi-parity and low level in the household wealth index were negatively associated with adequate contact with healthcare providers for ANC and PPC. Receiving a maternal and child health handbook was positively associated with adequate contact for ANC and PPC, and with receiving high-quality ANC, PPC and PNC. Women and newborns do not receive quality care during contact with skilled care providers in Myanmar. Continuity and quality of maternal and newborn care programmes must be improved. (4)

A Study of first referral unit's in border district of Uttar Pradesh, India
Corresponding Author: Dr. Brijesh Kumar Shukla

Research Methodology-

Study design-
Descriptive cross-sectional study was done in the all departments of first referral units in Vidisha district, using a predefined checklist to do the situational analysis. Checklist is a quality tool to identify the root cause of the problems. The recommendations were given on the basis on the identified causes.

Study setting-
Labour room, OT, NBSU/SNCU, Laboratory, Blood bank/BSU, Family Planning, of

- Vidisha District, Madhya Pradesh
    1. DH Vidisha FRU
    2. SDH Basoda FRU
    3. SDH Sironj FRU

Each department having 8 concern of areas according to LaQshya & NQAS

Manpower interviews in first referral units-

- Specialist- 01 [M.O.I.C]
- Paediatrician- 1
- Staff nurse- 24 [In- Charge]

- Staff technician- 04
- Medical officer in charge- 02

Duration of study- Study was carried out from Feb-May'19

Respondents of study- Doctors, staff nurses, housekeeping staff

Study tool- Checklist made by Piramal Foundation (in accordance with LaQshya guidelines)

Inclusion criteria- Only Staff posted in the FRU's

Exclusion criteria- Doctors Especially M.O.I.C & Civil Surgeon

Data collection method-

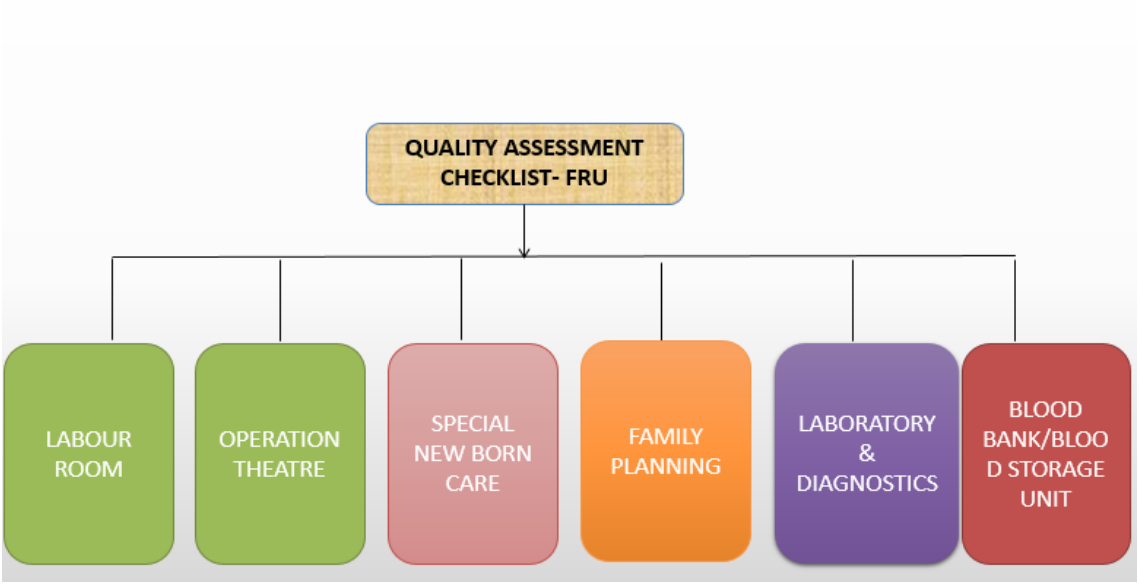
The type of the data collected

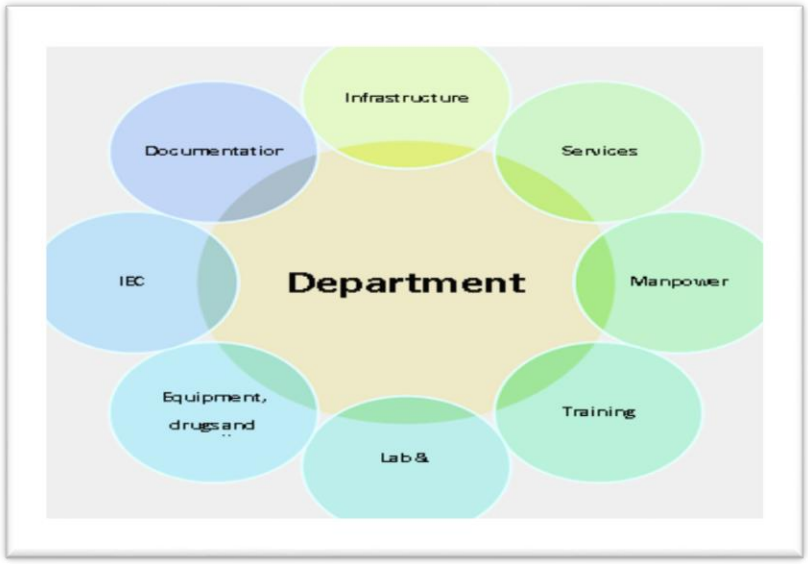
- ✓ Primary- Observations, staff interviews
- ✓ Secondary-Documents and records
- ✓ Source- assessment done using checklist developed by Piramal Foundation (as per LaQshya+ NQAS guidelines)
- ✓ Study Duration - Study was carried out from Feb-May'19
- ✓ Respondents of study- Doctor's & staff nurses
    - ✓ Inclusion criteria- Only Staff posted in the FRU's
    - ✓ Exclusion criteria- Doctors especially M.O.I.C & Civil Surgeon
- ✓ Study tool- Checklist made by Piramal Foundation (in accordance with LaQshya guidelines)
- ✓ Score was given as per Compliance, partial compliance and non-compliance and based on that, percentage was calculated for each parameter, to identify the gaps of the deficiencies and then suggestions were given on the identified gaps.

Data analysis-

Compliance, partial compliance and non-compliance was checked, and the data was analyzed using Microsoft advanced Excel.

- **Full compliance** is to be scored as 2, when all the criteria in Quantifiable component are met (100%) and means of verifications are available as supporting evidence. If the services are Present/Sufficient/functional/being done/being used/ properly displayed/ properly updated will be scored as 2.
- **Partial compliance** is to be scored as 1 when 50%-99.99% of the criteria in Quantifiable component are met and means of verifications are partially available. If the services are present but not functional/not sufficient/not done/not being used/not displayed/not updated/not maintained/not proper will be scored as 1.
- **Non-compliance** is to be scored as 0 when the criteria in Quantifiable component are less than 50% (0%-49.99%) and there is no support available as means of verification. If the services are not Present completely will be scored as 0.





FIRST REFFERAL UNITS

FRUs are expected to be fully equipped with adequate services, Infrastructure, manpower, drugs and supplies and equipment's. Every state must ensure the availability of all Essential (minimum assured services) and aspire to achieve Desirable (the ideal level services which the states and Union Territories shall try to achieve).
Service Delivery: The minimum Essential as envisaged for FRUs are availability of surgical services, medical services, new born care, sick new born care, dental and AYUSH including all the National Health Programmes.
Infrastructure: The minimum Essential requirement is the availability of one Operation theatre, labour room, X-ray facility and laboratory facility with Barrier free access, uniform signage, Disaster prevention measures (desirable for new upcoming facilities) and Residential quarter for the staff.

Manpower: The minimum Essential requirement is the availability of specialists in Surgery, Medicine Obstetrics and Gynecology and Pediatrics including specialists of Anaesthetist and Public Health Programme Manager will be provided on contractual basis. In addition, adequate number of nursing and support staff should be also available.

Drugs & supplies: The Essential drugs is required to be made available which includes Emergency Obstetrics drug kit, drug kit for sick new born and child care and other emergency drugs, including the programme specific drugs and AYUSH drugs.

Equipment's: The Essential equipment's is required to be made available which includes standard surgical sets, equipment's for Anaesthesia, equipment's for Neo-natal resuscitation, equipment's for labour room and operation theatre, radiology, material kit for Blood transfusion and all equipment's listed under National Health Programmes.

1.3: Objectives of the Study

The study has tried to address the following research objectives:

1. To Assess the quality health care delivery system in first referral units in Vidisha district using the Piramal foundation checklist [NQAS + LaQshya]
2. To Identify the gaps in various departments & parameters in the existing practices in considering the LaQshya & NQAS standards

SCOPE

In scope		**Out of scope**	
District hospital	**CHC/SDH**	**District hospital**	**SDH/CHC**
7. Labour room **8. Operation Theatre** **9. Family Planning** **10. Laboratory** **11. Special Newborn care unit (SNCU),** **12. Blood Bank.**	**7. Labour room** **8. Operation Theatre** **9. Family Planning** **10. Laboratory** **11. Newborn stabilization unit (NBSU)** **12. Blood storage unit (BSU)**	**Rest of the other departments of the facility.**	

District Hospital, Vidisha

Name of the State:	Madhya Pradesh
District:	Vidisha
Location Name of Hospital:	District Hospital, Vidisha
Civil Surgeon	Dr. Sanjay Khare, Mobile: +91 9826085699
Number of IPD beds	300
Number of maternity beds	30
Number of Paediatric beds	30
Number of NRC beds	20
Number of SNCU beds	30

Availability of Services

S. No.	**Departments / Clinics**	**Availability**
1	General Medicine	Yes
2	General Surgery	Yes
3	Obstetrics & Gynecology Services	Yes
4	Pediatrics	Yes
5	Ophthalmology	Yes
6	Otorhinolaryngology (ENT)	Yes
7	Orthopedics	Yes
8	Psychiatry	No
9	Anaesthesia	Yes

10	Dental care	Yes
11	Dermatology and Venereology (Skin & VD)	Yes
12	Blood Bank and Transfusion Services	Yes
13	Emergency (Accident & other emergency)	Yes
14	Critical care/Intensive Care (ICU)	Yes
15	High Dependency Unit (HDU)	Yes
16	Special Newborn Care Unit (SNCU)	Yes
17	Physiotherapy	No
18	Family Planning	Yes
19	Radiology including Imaging	Yes
20	Laboratory services including Pathology and Microbiology	Yes
21	Integrated Counseling and Testing Centre	Yes
22	Geriatric Services (10 bedded ward)	Yes
23	Medico-legal/post mortem	Yes
24	Medical social Work (counselling services)	Yes
25	Nursing services	Yes
26	Dialysis Services	No
27	Ambulance services (24 × 7 ambulance with advance life support systems)	Yes
28	Waste management including Biomedical Waste	Yes
29	CSSD - Sterilization and Disinfection	No
30	Telemedicine	No
31	HMIS	Yes
32	Maintenance and repair a) for Electric Supply, b)Water supply (plumbing)	Yes
33	Dietary services(Hospital Kitchen Services)	Yes
34	Functional Hospital Laundry/Outsourced	Yes
35	Procurement & inventory management	Yes
36	Housekeeping and Sanitation	Yes
37	Grievances redressed Services	No
36	Medical records	Yes

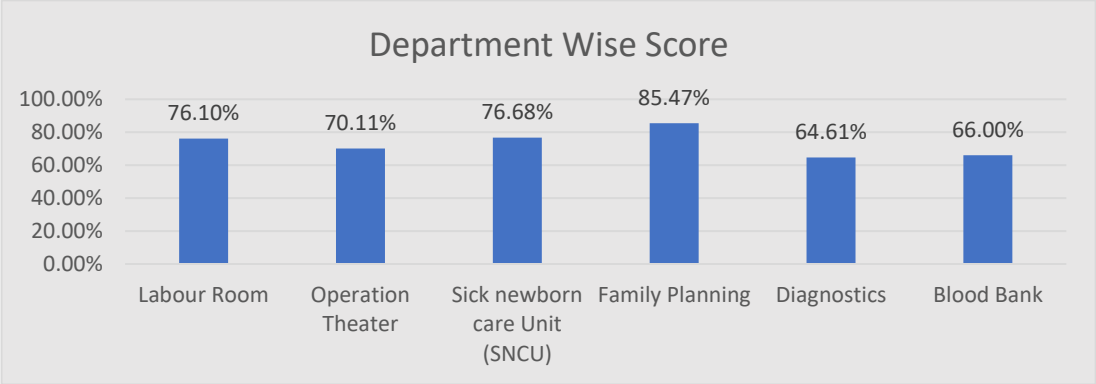
RESULTS QUALITY SCORECARD

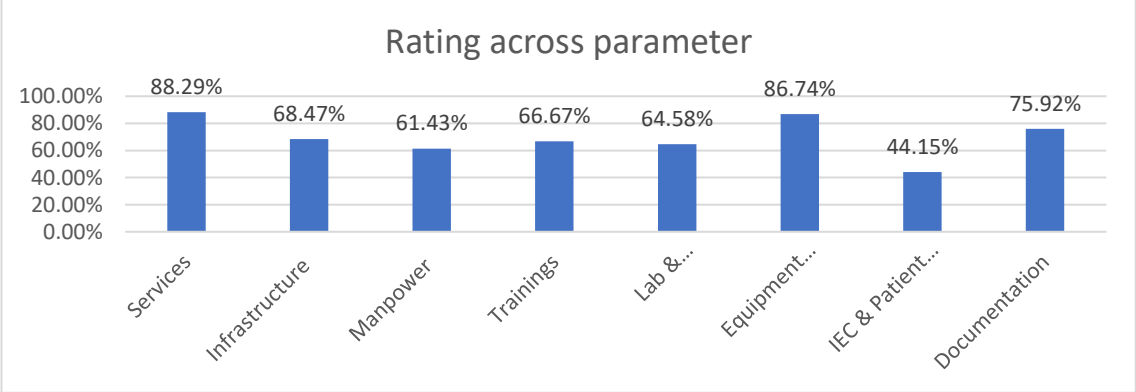
Department	**Score**
Labour Room	76.10%
Operation Theater	70.11%
Sick newborn care Unit (SNCU)	76.68%
Family Planning	85.47%
Diagnostics	64.61%
Blood Bank	66.00%

Area of concerns	Score
Services	88.29%
Infrastructure	68.47%
Manpower	61.43%
Trainings	66.67%
Lab & Diagnostics	64.58%
Equipment drugs and supplies	86.74%
IEC & Patient education	44.15%
Documentation	75.92%

Overall Facility Score	**73.62%**

Key Findings-





Graph 1- representing the average results of all departments with area of concerns of first referral units according to LaQshya & NQAS checklist

<u>Proposed Action Plan for District Hospital, Vidisha</u>

Labour Room Score Card	
Infrastructure	74.29%
Services	100.00%
Manpower	50.00%
Trainings	70.00%
Equipment drugs and supplies	91.07%
Lab & Diagnostics	100.00%
IEC & Patient education	22.22%
Documentation	77.68%

Departmental Score	**76.10%**

	LABOR ROOM DEPARTMENT	
S.No.	**Current Status-gaps identified**	**Action Plan/Suggestions**
INFRASTRUCTURE	• As per the labour room standardization guidelines, LR conducting 500 average deliveries in a month should have 6 labour table. It was observed that the DH LR has 5 Labour tables • The LR records were found lying in open and there is no designated space for keeping records with limited access • Due to unavailability of space in the LR • As per MNH toolkit Dedicated Triage & Examination room with two examination beds for segregation of High & Low Risk patients is required. The facility doesn't have triage room for LR patients • The LR corridors are not wide enough that 2 stretchers can pass simultaneously without any hassle • The SNCU is located at first floor in the facility • Switch boards and other electrical installations are not intact in the LR	• Adequate number of cupboards and storage area for record keeping, Records should not share with anybody without permission of hospital administration • Adequate space to accommodate the labour tables as per delivery load- Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6' from the second table • Availability of Staff Room & Doctor's Duty Room-Dedicated rooms for Nursing staff and Doctors provide with beds, storage furniture and attached toilets • Availability of functional telephone and Intercom Services • Proximity of LR with OT & SNCU, labour room should located in the proximity of Maternity OT and SNCU/ NICU in one block • Temporary connections and loosely hanging wires

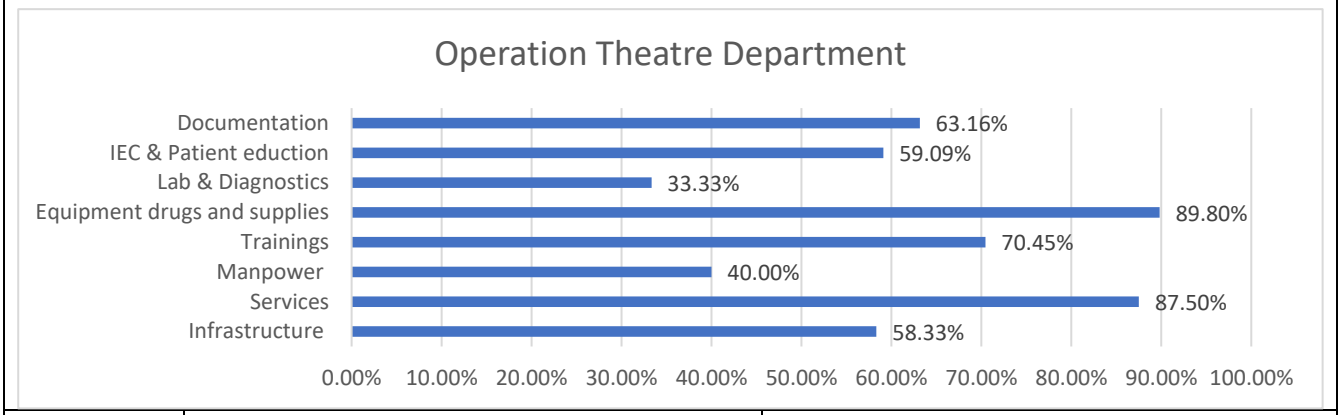
	• A window is constructed as a fire exit instead of door to permit safe escape to its occupant at the time of fire • Dirt/ grease/ body fluids and rust was found in mattresses on the labour table	• Sufficient fire exit to permit safe escape to its occupant at time of fire & Availability of fire Extinguishers • Availability of Triage and Examination Area-Dedicated Triage & Examination room with two examination beds for segregation of High & Low Risk patients. Entry to the labour room should not be direct.
Manpower & Services	• At least 4 general duty doctors are required for general duty in LR as per guideline but only one MO is posted in LR • 12 Nursing Staff/ANM • 04 Security Guard • 08 House Keeping Staff • No Gynec & Obs Specialist only One Obs Resident + 2 CeMOC M.O • All Services of delivery provided by district hospital.	• Manpower 200 - 500 Deliveries - 1 OBG (Mandatory + 4 (OBG/EMOC) & if >500 3 OBG + 4 EMOC M.O • Availability of General duty doctor -At least 4 Medical Officers • Availability of Nursing staff /ANM, Deliveries per month 200-500 -12, & if > 500 - 16 • Housekeeping Staff as per delivery load 200-500 - 8 • Security Guards as per Delivery Load 200-500 - 6
Trainings	• Trainings on FNBC, IMNCI, MVA/EVA, NSSK, disaster management is not given to all cadre of staff.	• All training should be planned with civil surgeon and intimidated to NDRF team.
Drugs, Supplies & Equipment	• Labor room was equipped with almost all the necessary equipment and consumables. • Labor room 7 trays equipped with almost all necessary items Except mentioned in action plans.	• Drugs: Inj. Xylocaine 2%, Inj. Hydralazine, Inj. Promethazine, Inj. Betamethasone, Inj. Hydralazine • Supplies: Urinary Catheter, Glutaraldehyde, Carbolic Acid • Equipment's: Baby forehead thermometer, Allis Forceps, ECG Machine, Defibrillator
IEC & PROTOCOLS	• Unavailable IEC: 1. IEC Material is displayed 2. Display of Hand washing Instruction at Point of Use 3. Display of work instructions for segregation and handling of Biomedical waste 4. Display of cleaning checklist	• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability. • NOTE: However, All Posters, IEC Materials was removed by staff in charge as per Dakshta guidelines instructions.

	5. Display of Spill management instructions 6. Display of segregation of procedure and consultation area with restricted entry board 7. Display of high alert drugs with dosages 8. Display of work instructions for segregation and handling of Biomedical waste 9. SBA Protocol posters	
Documentation	• Most of the registers and records were available however the entries were not updated. • Nursing staff was maintaining and religiously filling the L3 bed head tickets (BHT) with safe birth checklist. • Partograph preparation was in practice and filled almost in all the cases. • Monitoring of the vitals after the delivery was found as a major challenge. • None of the pregnant women were staying 48 hrs. in the hospital. In such scenarios, nursing staff should have to take a written LAMA consent from the patient.	• Below mentioned registers need to be printed and distributed in all the facilities. If standard formats of any of the register is not available, a general register with traceable key indicators can be used. • Registers were not found: Driver Ambulance Slip Register, Still Birth Register, Day Off Register, Doctors Record Register, Transfer Out Record Register, Nurses Record Register, Iron Sucrose Register, BT Register, Minor OT Register, Payment Register, Admission Register. • Maintain the registers those were available at the time of facility assessment.

OPERATION THEATRE DEPARTMENT

Operation Theatre Score Card	
Infrastructure	58.33%
Services	87.50%
Manpower	40.00%
Trainings	70.45%
Equipment drugs and supplies	89.80%
Lab & Diagnostics	33.33%
IEC & Patient education	59.09%
Documentation	63.16%

Departmental Score	**70.11%**



INFRASTRUCTURE	• Zoning of operation theatre not proper. • The corridors of OT are not wide enough for movement of trolleys and unidirectional flow of goods and services was also not observed. • There is no sufficient fire exit plan in the OT. A fire exit window is used to permit safe escape for the occupants at the time of fire. • Unavailability of CSSD in the facility • Inadequate Illumination at OT table • Unavailability of central/local piped oxygen, nitrogen & vacuum supply. • Seepage, Cracks, Chipping of plaster • Walls and floor of OT not covered with joint less tiles • Temperature & humidity is not maintained. • Disinfection of liquid waste before disposal unavailable. • Sterile & unsterile store are not items separately.	• Demarcated Protective Zone -Recep • Demarcated Clean Zone • Demarcated sterile Zone- • Demarcated disposal Zone • Availability of CSSD • Corridors are wide enough for movement of trolleys (7 to 10 feet). • Cylinders are provided with trolleys to prevent fall and injuries. • Check how positive pressure is maintained in OT • Disinfection of liquid waste before disposal -ETP, Through Local Disinfection • 20-25^{O}C, OT have functional room thermometer and temperature is regularly maintained. 50-60% humidity
MANPOWER & SERVICES	• Availability of two PGMO and two MO • Shortage of trained paramedical staff (nurses, lab technician, OT technician) as per the patient load. • All services of OT were available except point of care diagnostic test i.e. blood grouping.	• Rationalization and rotational duty of human resources for streamlining the services at civil hospital. • Assessment and Restructuring of paramedical staff. • Requirement for Obs. & Gynac Surgeon & Para medical staff
TRAINI NGS	• Lack of training of Healthcare Providers (Doctors and para-medical staff) in ACLS and CPR	• Nomination of the paramedical staff training ACLS & CPR • Trainings on Competence assessment, Adequate and

	• Trainings on Competence assessment, Adequate and Adherence of preparation for surgical scrub. management of soiled and infected linen operating fire extinguisher, Disaster Management not given to all cadre of staff.	Adherence of preparation for surgical scrub. management of soiled and infected linen operating fire extinguisher, Disaster Management Needed for all Medical & Paramedical staff.
Drugs, Supplies & Equipment	• Most of the drugs, supplies & equipment's were available in OT according to checklist. • Unavailability of drugs for general anaesthesia, opioid analgesics, Some emergency drugs were not found.	• Make availability of Inhaled agents like -Halothane, nitrous oxide. Injectable like Lorazepam, Naloxone, Morphine, Buprenorphine, Mivacurlum, Tubocarine, Betamethasone, Inj Hydralazine, Proctoscopy Set, Hysterectomy set, carbolic acid
LABS & DIAGNOSTICS	• The hospital doesn't measure surgical site infection rates and no surface and environment samples are taken for microbiological surveillance	• Swab are taken from infection prone surfaces • Hospital measures Device Related HAI rates
DOCUMENTATION	• Most of the documentations found available during assessment. • Maintain the registers which are found as irregular follow up.	• Registers should to be available: Oxygen indent Register, Fumigation Register, OT contingency Register, OT Complaint Book, OT Demand Book, Condemnation Register, Swab Culture Register, OT Stock Book, Adverse Event register, Maintenance Register, Biomedical waste Register, OT Linen Book, Patient Handover Register, Staff Duty handover Register.

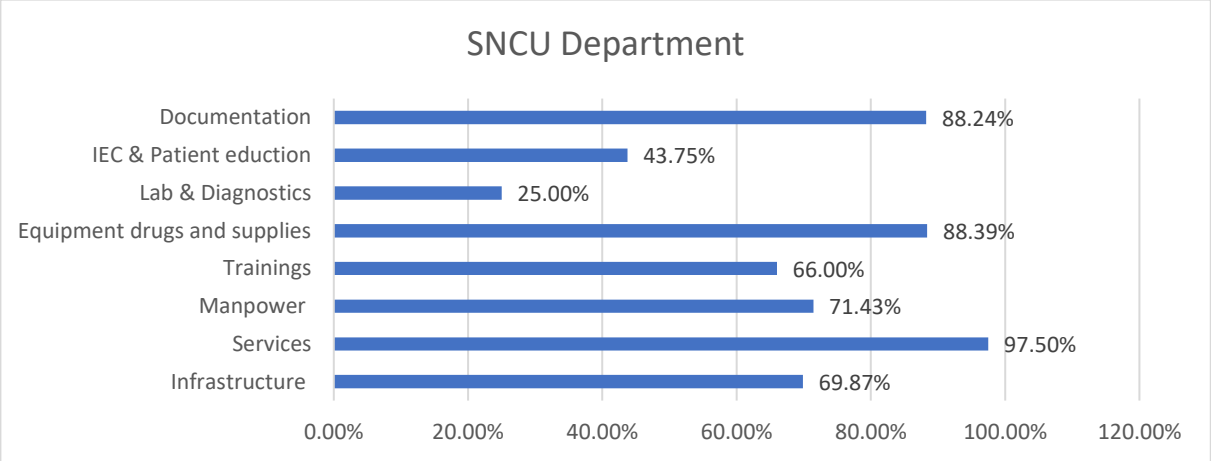
IEC & PROTOCOLS	• Following information regarding services were not displayed –
	  • Doctor/Nurse on duty
	  • Updated OT schedule
	  • Cleaning Checklist
	  • Display of segregation of procedure and consultation area with restricted entry board
		• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability.

SNCU DEPARTMENT

Special Newborn care unit Score Card	
Infrastructure	69.87%
Services	97.50%
Manpower	71.43%
Trainings	66.00%

Equipment drugs and supplies	88.39%
Lab & Diagnostics	25.00%
IEC & Patient education	43.75%
Documentation	88.24%

Departmental Score	**76.7%**



INFRASTRUCTURE	• The fire exits are not clearly visible and routes to reach exit are not marked. • SNCU doesn't has electrical and automatic fire alarm system or alarm system sounded by actuation of any automatic fire extinguisher. • SNCU staff are not competent for operating fire extinguisher and what to do in case of fire • No exhaust fans are installed for maintaining ventilation to make SNCU dust free. • Liquid wastes are not being disinfected before disposal	• Clean area for mixing intravenous fluids and Medications/ fluid preparation area • 10 central Voltage stabilize outlets are available with each warmer in main SNCU, step down area and triage room-50% 0f each should be 5amp and 50% should be 15 amps to handle equipment's • Dedicated earthling pit system available -Earth resistance should be measured twice in a year and logged • Empty and filled cylinders should labelled • Ventilation can be provided in two ways: exhaust only and supply-and-exhaust. Exhaust fans pull stale air out of the unit while drawing fresh air in through cracks, windows or fresh air intakes. Exhaust-only ventilation is a good choice for units that do not have existing ductwork to distribute heated or cooled air

		• Patient Records are kept at secure place beyond access to general staff/visitors • Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed • Toilets for visitors
MANPOWER & SERVICES	• No Medical Officer is posted in SNCU per shift • Unavailability of Lab Technician for side lab • All services found available	• At least one M.O per shift for Supporting Paediatrician • Availability of lab technician for side lab in working hours
TRAININGS	• Lack of training of Healthcare Providers (Doctors and para-medical staff) in Disaster Management, HLD, Spill Mx ,Quality Mx, Needle Stick Injury, High level Disinfection of instruments/equipment's, Triage, Assessment & Management of new-borns having emergency signs.	• Nomination of the medical and paramedical staff for mentioned training. • Staff Should know how to make chlorine solution • Management of Low birth weight new-borns is done as per guidelines
Drugs, Supplies & Equipment	• Most of the Drugs, Supplies & Equipment found available in SNCU. • How ever there was Unavailability of some Antibiotics & Drugs for electrolyte imbalance • Unavailability of equipment's for cleaning	• Drug, Supplies & Equipment's Needs to be available. Inj. Ampicillin with Cloxacillin, Inj. Potassium Chloride 15%, Suction catheter, Oxygen concentrator, Waste trolley, Deck brush, X ray view box, Suction catheter. • Make sure Stock level are daily updated & Requisition are timely placed.

LABS & DIAGNOSTICS	• Following tests were not being carried out in SNCU/Linked Lab
	  • Serum Bilirubin
	  • Blood Count
	  • Blood Gas Analysis
		• Make available tests which are not carried out in SNCU/Linked Lab

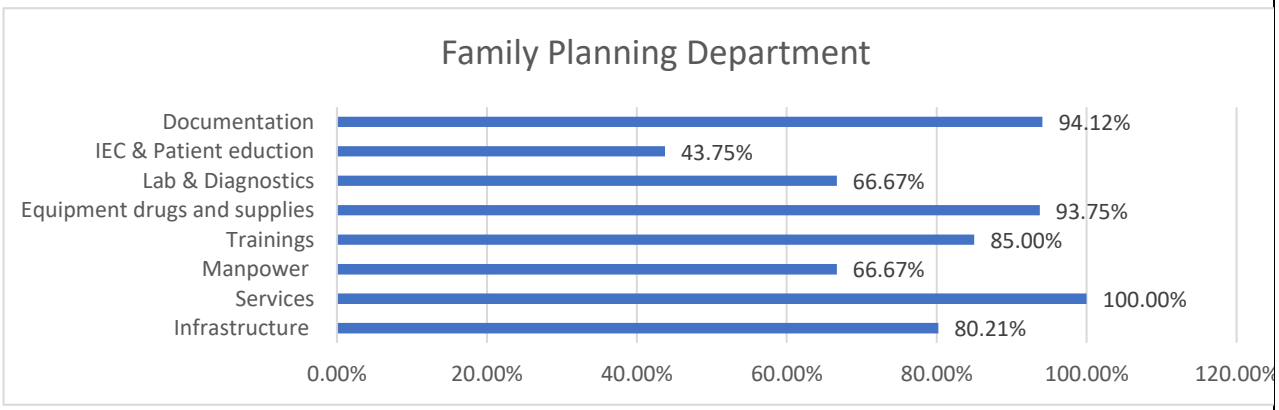
DOCUMENTATION	• Unavailable registers and records: Consumption Register, Phototherapy Register, Daily Doctor Round Register, Call Book Register, Over Register, Fumigation Register, Baby handover Register, Complaint Register, Laboratory Register, Washing Record register, Equipment Cleaning Register, Dead Stock Register, Expiry Register, SNCU Temp. Log Book, AD Register,	• All the mentioned registers need to be printed and distributed in all the facilities. If standard formats of any of the register is not available, a general register with traceable key indicators can be used.

	Report Book, Adverse event registers and forms.	

IEC & PROTOCOLS	• Following information regarding services were not displayed –
	  • Restricted areas signage's
	  • Services available in SNCU
	  • Entitlements under JSSK
	  • Information about doctor/ Nurse on duty & Counselling aids for education of mother, Display of information for education of mother /relative, Display of Hand washing Instruction at Point of Use, Display of work instructions for segregation and handling of Biomedical waste
		• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability.

Family Planning Score Card	
Infrastructure	80.21%
Services	100.00 %
Manpower	66.67%
Trainings	85.00%
Equipment drugs and supplies	93.75%
Lab & Diagnostics	66.67%
IEC & Patient education	43.75%
Documentation	94.12%

Departmental Score	**85.47 %**



FAMILY PLANNING DEPARTMENT

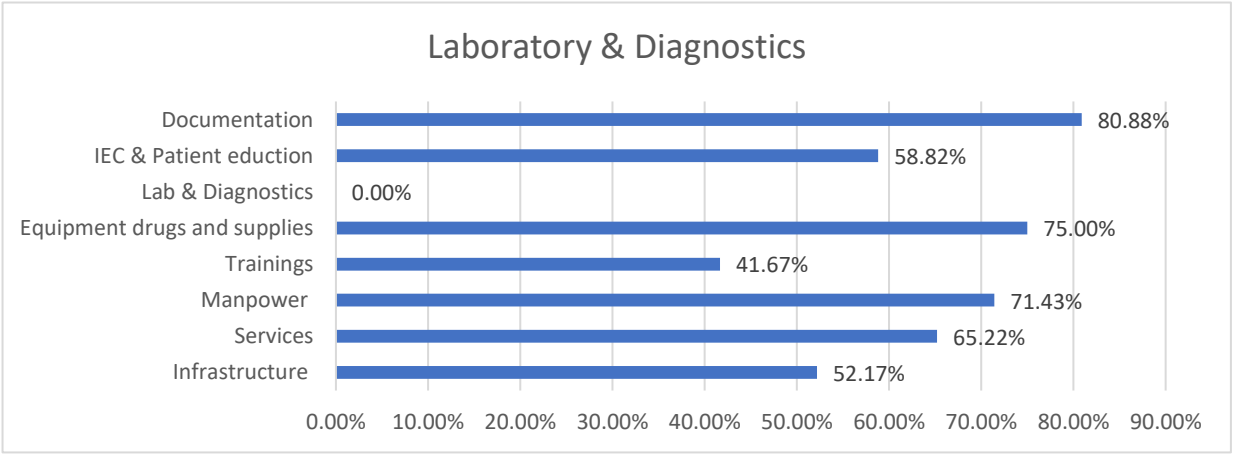
INFRASTRUCTURE	• Unavailability of dedicated OT for Family planning surgeries in PP unit, seating arrangement • Floors of the ward are slippery & Temperature with record is not maintained • Inadequate Illumination at procedure area at family planning clinic, Unavailability of Centralized /local piped Oxygen, nitrogen and vacuum supply • No Protocol for Disinfection of liquid waste before disposal	• Availability of dedicated OT for Family planning surgeries in PP unit • Availability of drinking water, & seating arrangement • Availability of Changing Rooms • Floors of the ward should non-slippery • 20-25oC, functional room thermometer and temperature is regularly maintained • Availability of Centralized /local piped Oxygen, nitrogen and vacuum supply
MANPOWER	• Unavailability of dedicated paramedical staff.	• Viability of Counsellor for family planning • Availability of OT technician
TRAININGS	• Family Planning Staff is not trained in o Operating and troubleshooting the equipment o Disaster management o Spill management	• Nomination of the medical and paramedical staff for mentioned training.
Drugs, Supplies & Equi	• Most of the Drugs, Supplies & Equipment's found available during facility assessment.	• Equipment's : Availability of functional needle cutters ,Bio Medical waste trolley
IEC & PROTOCOLS	• Following information regarding services were not displayed – 1. List of Family Planning Services 2. Compensation for family planning indemnity scheme 3. Family planning insurance scheme 4. IEC Material regarding family planning 5. Education material for counselling 6. Display of reproductive rights of clients 7. Display of work instructions for segregation	• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability. • IEC materials such as posters, banners, and handbills available at the site and displayed • Flip charts, models, specimens, and samples of contraceptives available

	and handling of Biomedical waste	
DOCUMENTATION	• Most of the documentations found available & well followed according to the checklist.	• Documentation: Confidentiality of Abortion cases, Adverse Drug Reaction Register, General Order Register, Verbal/ telephonic Order Register, Buffer Stock Register

LABORATORY & DIAGNOSTICS

Laboratory & Diagnostics Score Card	
Infrastructure	52.17%
Services	65.22%
Manpower	71.43%
Trainings	41.67%
Equipment drugs and supplies	75.00%
Lab & Diagnostics	0.00%
IEC & Patient eduction	58.82%
Documentation	80.88%

Departmental Score	**64.61%**



INFRASTRUCTURE	• Laboratory space was not adequate enough to carry out all activities • Laboratory doesn't have a plan for safe storage and handling of potentially flammable materials and	• Adequate area for sample collection, waiting, performing test, keeping equipment and storage of drugs and records • Unidirectional flow of services: Sample collection- Sample processing- Analytical area- reporting.

	fire exit plan with signage to permit safe escape to its occupant at time of fire • The floors, walls, roof, roof tops, sinks patient care and circulation areas are not observed clean • Unavailability of Toilets • Unavailability of power back up in laboratory • Condemned materials were found in lab	• Laboratory should have plan for safe storage and handling of potentially flammable materials. • Department has sufficient fire exit with signage to permit safe escape to its occupant at time of fire • Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement • All area should be clean with no dirt, grease, littering and cobwebs • Negative Pressure for microbiology
SERVICES	• Emergency lab services are not available for 24 hrs (only 12 hrs) • Following services are not available in the laboratory o Microbiology o Cytology o Histopathology o Biochemistry	• Availability of Hematology services-PT, APTT • Availability of Bio chemistry services-phosphokinase(CPK) • Availability of Microbiology services, Cytology services, Histopathology services, Clinical Pathology services • HIV positive reports/pregnancy reports are communicated as per NACO guidelines • Pre-test counselling is given before HIV testing

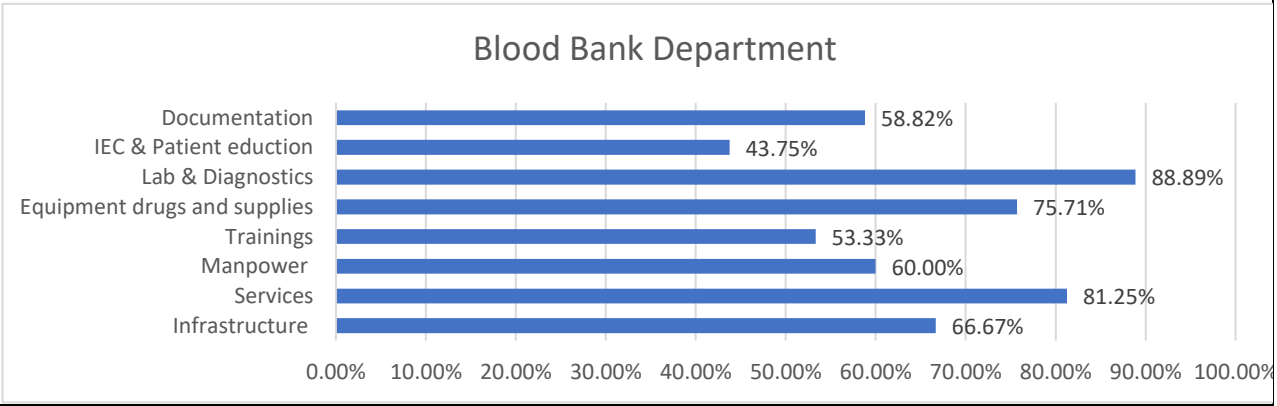
MAN POW ER	• Unavailability of housekeeping and security staff was observed	• Availability of housekeeping & security staff as per requirement.
TRAININGS	• Laboratory staff is not trained in o BMW management o Infection control and hand hygiene o Laboratory safety o Disaster management o Spill management	• Nomination of the medical and paramedical staff for the mentioned training.
Drugs, Supplies & Equipment	• Unavailability of stains, functional Biochemistry Equipment's, functional Microscopy equipment's, functional Histopathology equipment's, equipment for sterilization and disinfection, Antiseptic Solution.	Drug, Supplies & Equipment's should be available: Make sure Emergency Drug Tray is maintained, BP apparatus, Stethoscope at sample collection area, Calorie meter, Blood Gas Analyzer, Autoclave, Microtome, FNAC, there has system to label Defective/Out of order equipment's and stored appropriately until it has been repaired, Antiseptic Solutions.

IEC & PROTOCOLS	Following information regarding services were not displayed – • Restricted areas signage's • List of services in laboratory • User charges in refer out linked lab services • BMW waste management • Necessary Instruction for USG Examination.	• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability. • IEC materials such as posters, banners, and handbills available at the site and displayed.
DOCUMENTATION	• Most of the registers and records were available however some registers were not found according to checklist which is mentioned in action plan.	Documentation needs to be available : There must be procedure for replenishing drug tray , There is no stock out of reagents, Regular Defrosting ,, Records should maintained for laboratory, Laboratory should adequate facility for storage of records.

BLOOD BANK DEPARTMENT

Blood Bank Score Card	
Infrastructure	66.67%
Services	81.25%
Manpower	60.00%
Trainings	53.33%
Equipment drugs and supplies	75.71%
Lab & Diagnostics	88.89%
IEC & Patient education	43.75%
Documentation	58.82%

Departmental Score	66.00%



INFRASTRUCTURE	• BB has temporary connections and loosely hanging wire with uneven floors	• Dedicated sterilization area • Availability of functional telephone and Intercom Services & Toilets.

	• Unavailability of elbow operated taps in wash area • The floors, walls, roof, roof tops, sinks patient care and circulation areas are not observed clean • Unavailability of Toilets	• All area must be clean with no dirt, grease, littering and cobwebs • Availability for Disinfection of liquid waste before disposal & elbow operated taps .
MANPOWER & SERVISES	• Unavailability of dedicated BB medical officer, Security staff, Housekeeping staff • Blood Bank Has No facility for Blood Components • Unavailability of platelets for management of Dengue cases	• Availability for the M.O, HK & Security staff. • Make availability of services for blood components like PRC, Platelets Concentrate, FMP, Plasma& Single donor Cryo Precipitate.
TRAININGS	BB staff is not trained in o Operating and troubleshooting the equipment , Disaster management Spill management, Patient Safety	• Nomination of the medical and paramedical staff for the mentioned training.
Drugs, Supplies & Equipment	• Inadequate availability of blood products, laboratory equipment & instruments for laboratory, functional Equipment &Instruments for examination & Monitoring, equipment for sterilization and disinfection, Segregation of different category of waste as per guidelines, post exposure prophylaxis	Platelets agitators, Inj.Chlorpheniramine, Microscope with water bath, ELISA reader with washer, clinical thermometer, Deck brush, Autoclave, Electrical fixture for equipment's lab and storage equipment's, Segregation of different category of waste as per guidelines, Availability of post exposure prophylaxis, Electrical fixture for equipment's lab and storage equipment's
IEC & PROTOCOLS	Following information regarding services were not displayed – • Departmental signage • Restricted areas signage's • List of services available in laboratory • User charges in refer out linked lab services • BMW waste management	• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability. • Necessary Instruction for USG Examination are displayed at work station in language understood by staff.
DOCUMENTATION	• No procedure for replenishing drug tray /crash cart • Blood bank have no valid license under Rule 122(G) Drug and cosmetic act	• procedure for replenishing drug tray /crash cart, stock out of reagents, Blood bank should have valid license under Rule 122(G) Drug and cosmetic act, Unique identification number give to

	• Unique identification number is not given to each donor during process of registration • Records not includes daily group wise stock register, daily temperature recording of temperature dependent equipment, stock register of consumables and non-consumables, documents of proficiency testing, records of equipment maintenance, records of recipient, compatibility records, transfusion reaction records, donor's records etc. • Standard Formats not available Format for consent, requisition form, blood transfusion reaction form, referral slip	each donor during process of registration, • Procedure to handover test/ results during shift change, Blood components are prepared as per technical standards • Handover register, Records of donor assessment, Standard Formats make available • Blood bank records are labelled and indexed &Records are maintained for blood bank • Blood bank has system of coping with extra demand of blood in case of disaster, Instructions for collection- Mostly numeric or alpha numeric label should be used for tracing.

CHC/FRU, Sironj, Vidisha

Name of the State:	**Madhya Pradesh**
District:	Vidisha
Location Name of Hospital:	Rajeev Gandhi Memorial Hospital, Sironj FRU
M.O.I.C	Dr.Vivek Agarwal+91 9425431891
Number of IPD beds	60
Number of maternity beds	20
Number of general beds	20
Number of Paediatric beds	10
Number of NRC beds	10
Number of NBSU beds	0

Availability of Services

	Departments / Clinics	**Availability**
1	Medical	Yes(M.O)
2	Surgical	No
3	Obstetric & Gynaecologist	Yes (M.O)
4	Paediatrics	Yes
5	Anaesthesia	No
6	Pharmacy	Yes
7	Laboratory	Yes
8	Diagnostics	Yes(X-ray)
9	Ambulance services or outsourced	Yes

10	Blood bank/ blood storage	Yes(BSU)
11	Immunization Clinic	Yes
12	Hospital Kitchen Services (Dietary Service)	Yes
13	Functional Hospital Laundry or Outsourced	Yes (Outsourced)
14	Hospital security	No
15	Telephone connectivity	No
16	Counselling services for domestic violence, gender violence, adolescents, etc. Gender and socially sensitive service delivery be assured.	Partial
17	Transport	Yes
18	Cold chain room	Yes
19	Central stores	Yes

RESULTS QUALITY SCORECARD

Facility Details	
Name of Hospital:	Rajiv Gandhi Memorial Hosp Sironj CHC
State:	Madhya Pradesh
District	Vidisha
M.O.I.C	Dr. Vivek Agarwal
Designation	M.O.I.C
Contact number	9425431891
e mail	

Department	Score
Labour Room	70.39%
Operation Theater	31.84%
New born Stabilization Unit (NBSU)	31.86%
Family Planning	29.60%
Diagnostics	24.15%
Blood Storage Unit (BSU)	20.09%

Heading	Score
Services	26.47%
Infrastructure	35.21%
Manpower	30.00%
Trainings	35.84%
Lab & Diagnostics	25.00%
Equipment drugs and supplies	46.28%
IEC & Patient education	9.30%

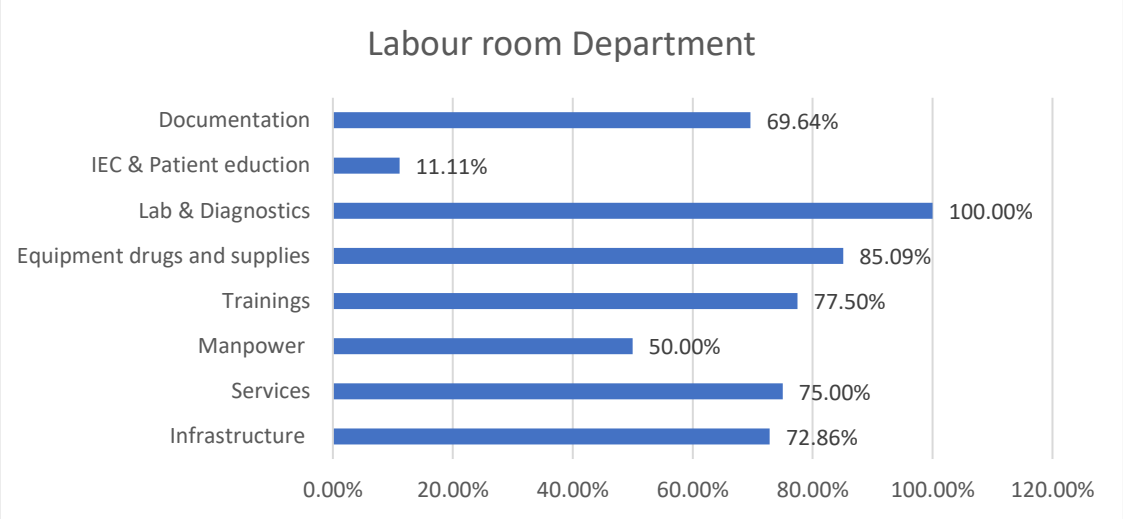
Documentation	39.58%

Overall Facility Score	**35.95%**

SDH BASODA DEPARTMENTL SCORE

Labour Room Score Card	
Infrastructure	72.86%
Services	75.00%
Manpower	50.00%
Trainings	77.50%
Equipment drugs and supplies	85.09%
Lab & Diagnostics	100.00%
IEC & Patient education	11.11%
Documentation	69.64%

Departmental Score	**70.39%**



	LABOR ROOM DEPARTMENT	
S.No.	**Current Status**	**Action Plan/Suggestions**
infrastr ucture	• As per the labour room standardization guidelines, LR conducting 250 average deliveries in a month, it was observed that the CHC LR has 3 Labour tables	• Availability of functional telephone and Intercom Services

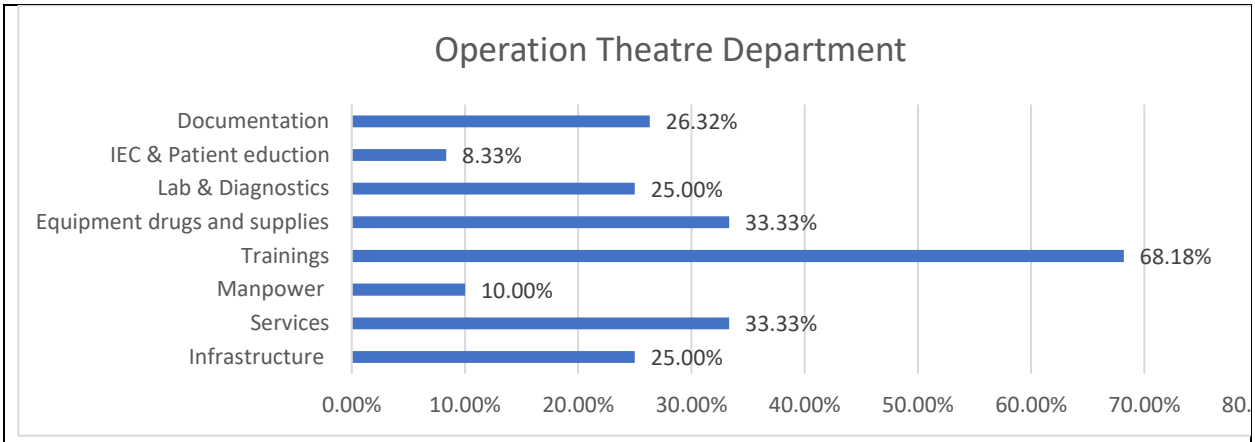
	• Curtains/ Frosted glass at windows are not available • Non availability of functional telephone& Intercom services • Non Proximity of LR with SNCU/NBSU/OT • No Sufficient fire exit to permit safe escape to its occupant at time of fire • Unavailability of fire Extinguishers • Crash cart/Drug trolleys are not available • Overcrowding in the labour room at the time of delivery, No Security	• Proximity of LR with OT & SNCU- labour room should located in the proximity of Maternity OT and SNCU/ NICU in one block only with means of swift shifting of patients in case of emergency. If located on different floor lift/ ramp with manned trolley should be provided • Temporary connections and loosely hanging wires • Sufficient fire exit to permit safe escape to its occupant at time of fire, Availability of fire Extinguishers • All equipment's are covered under AMC including preventive maintenance • Security arrangement in labour room • No overcrowding in labour room
Services & Manpower	• Assisted Delivery, Mx of Retained Placenta, Mx of Obstructed Labour are not performing in LR. • All Deliveries conducted by mostly nursing staff, in case of emergency they take help of M.O • Non availability of Gynec &Obs specialist in CHC. • At least 12 Nursing staff require for the LR as per the guidelines & Delivery load, there was 7 staff available for the entire CHC • Lack of housekeeping staff & No Security in entire CHC.	• Make necessary availability of services which are mentioned in current status. • Requirement of at least one gynaecologist/ experienced PGMO for the gynec & Obs services • Requirement for the medical & paramedical staff as per the delivery load. • Requirement for the security & Housekeeping staff.
Trainings	• Trainings on Triage Mx, Disaster Mx, BEmOC, Needle stick injury is not given to staff Nurse including ANMs.	• All training which are not taken by respected staff should be planned with civil surgeon and intimidated to NDRF team.
Drugs, Supplies & Equipment	• Most of the Drugs, Supplies & Equipment for service delivery found available in labour during assessment however some of them were not available which is mentioned in action plan.	• Make-Availability of baby id tag, baby thermometer, baby forehead thermometer, At least two glucometer, refrigerator, Movable Crash cart/drug trolley, Instrument

		trolley, dressing trolley, ECG Machine, Multipara Monitor, Defibrillator, X ray view box, Patient stool, cupboard in the LR.
IEC & PROTOCOLS	• Unavailable IEC Material & Protocols 1. Display of Hand washing Instruction at Point of Use 2. Display of work instructions for segregation and handling of Biomedical waste 3. Display of cleaning checklist 4. Display of Spill management instructions 5. Display of segregation of procedure and consultation area with restricted entry board 6. Display of high alert drugs with dosages 7. Display of work instructions for segregation and handling of Biomedical waste 8. SBA Protocol posters	• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability.
Documentation	• Most of the registers were available in the labour room, registers which are not available according to the checklist, mentioned in action plan.	• Payment Register, Minor OT Register, Diet Register, Nurses Record Register, Doctors Record Register, Transfer Out Record Register, Day Off Register, Drug Reaction Register, Condemnation Register, Bad Behavior Register, Ambulance Register, Emergency Register, Driver Ambulance Slip Register, Complaint Register, Mid Night Headcount Register

OPERATION THEATRE DEPARTMENT

Operation Theatre Score Card	
Infrastructure	25.00%
Services	33.33%
Manpower	10.00%
Trainings	68.18%
Equipment drugs and supplies	33.33%
Lab & Diagnostics	25.00%
IEC & Patient education	8.33%
Documentation	26.32%

Departmental Score	**31.84%**



INFRASTRUCTURE	• Zoning of operation theatre not proper • Non-availability of centralized/local piped/cylinders oxygen in OT. • Broken glass, cracks in the window • Unavailability of fire extinguishers • No adequate illumination at OT Table • Temperature & Humidity not maintained • No Security Staff • Seepage, Cracks, Chipping of plaster • No Drawers/Amirah for patient record storage. • There is no sufficient fire exit plan in the OT. • Unavailability of CSSD in the facility	• All the zones (Protective, clean, sterile and disposal) to be marked and strictly followed by the staff to prevent unauthorized entry and infection prevention. • Make availability of other requirement services which are mentioned in the current status.
SERVICES & MANPOWER	• OT Services are not available 24*7 • Emergency OT Services not available • No Maternity HDU/ICU services in the facility • Unavailability of emergency/Elective C-Section Services, Surgical Mx MTP, Point of care diagnostic test. • Shortage of trained paramedical staff (nurses, lab technician, OT technician) as per the patient load. • Requirement of at least one Gynec & Obs Specialist	• Make available services which are not performing in the OT • Availability of full time Gynec & Obs • Glucometer, RDK, Blood grouping make available as point of care in diagnostic test. • Recruitment for the paramedical staff.
TRAININGS	• Trainings on Advance life support, operating fire extinguisher, Biomedical waste management, infection control, Quality management, mercury & spill management ,needle stick injury, not given to all cadre of staff.	• Nomination for the medical & paramedical staff &Training need assessment is required to evaluate the requirement of the trainings and planning of sessions to be prepared.

Drugs, Supplies & Equipment	• Drugs, Supplies & Equipment were not available-USG, ABG machine, Defibrillator (Paediatric and adult) , LMA, ET Tube, Bains Circuit or Soda lime absorbent in close circuit ,AGSS (Anaesthesia gas scavenging system),Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley, Instrument cabinet and racks for storage of sterile items, Three Bucket system for mopping, area duster, waste trolley, Deck brush ,Sterilizer Big & Small, Glutaraldehyde, carbolic acid, fumigation material in OT	• Stock level are daily updated • Make sure Requisition are timely placed • Make availability of mentioned drugs, equipment's & supplies. Piped Gas supply, Ketamine, Etomidate, Neostigmine, Naloxone, Flumazenil, Sugammadex- as per EDL/State guidelines. Inj. Pheneramine maleate, inj. Corboprost, Inj.Fortwin, Betamethasone, Inj. Hydralazine, Nefidepin, Methyldopa, Multipara meter, PV Set, Cervical Biopsy Set, Proctoscopy Set, Hysterectomy set, two pre warmed towels • Make Available Drugs, Equipment's & Supplies which are mentioned in the action plan.
LABS & DIAGNOSTICS	• The hospital doesn't measure surgical site infection rates and no surface and environment samples are taken for microbiological surveillance • Swab are not taken from infection prone surfaces.	• Make Availability of the sub essential lab services in the department as per requirement which are mentioned in the current status. • Ix: CPC, Electrolyte (Na +K)
DOCUMENTATION	• There is no procedure for results of lab Ix, x-rays, pre-operative assessment • Operative notes are not recorded • Documentations which are not available mentioned in the action plan.	Make Availability Anaesthesia notes, Anaesthesia Register, Oxygen indent Register, Oxygen Expenditure Register, Dressing Register, Death Register Narcotic Use Register, Minor OT Register, Call Book Register, Fumigation Register, OT contingency Register, OT Complaint Book OT Demand Book, Condemnation Register, Swab Culture Register, Adverse Event register, Maintenance Register, Biomedical

		waste Register, OT Linen Book, Patient Handover Register, Staff Duty hand over Register, OT medicine Stock Book, Blood Transfusion register, Anaesthesia Safety checklist.
IEC & PROTOCOLS	Following information regarding services were not displayed – • Availability of departmental signage's • Information regarding services • Display of hand washing at point of use • Spill Management protocols • Display of high alert drugs with dosages	• IEC material needs to be printed and displayed at the appropriate places. It is advisable to print the protocols on sun board for aesthetic and durability • Display of work instructions for segregation and handling of biomedical waste • Display of cleaning checklist • Clinical protocols

RESULTS

- Showed all of the three FRUs (100%) have their own government building, which is completed in all aspects, where the residential portion was not constructed. All the Items (drug dispensary and drug store, separate wards, labor room, O.T, separate public utility, lab facility, electricity with power back-up etc. which are necessary for the establishment of FRUs were available in all the FRUs which was 100% except that the cold chain infrastructure (25%)
- Results of the Quality Scorecard for each facility mentioned in report, Gaps can identify in the current status of action plan
- District Hospital Vidisha Facility Assessment, Overall Facility Score is **73.62%**
- Civil Hospital Ganj Basoda [SDH] Facility Assessment, Overall Facility Score is **37.11%**
- CHC Sironj Facility Assessment, Overall Facility Score is **35.95%**
- Labour room, OT, Family Planning, Laboratory, SNCU/NBSU & Blood bank/BSU, Facility Assessment Overall Facility Score of each FRU's is mentioned in the chart.
- Proposal for recruitment of Gynecology & Obstetric Specialist in Sironj CHC for an ideal need to start C- Section Deliveries
- Proposal for recruitment of Paramedical [at least 1 OT Technician + 2 Nursing Staff] in Basoda SDH for an ideal need to start C-Section Deliveries.
- Action Plan of the study will be share to government stake holders for implementation of service delivery indicators.

6. CONCLUSION

- It has identified that there is huge gap between standard set by Piramal Checklist [LaQshya + NQAS] & actual service delivery of first referral unit's in Sironj[34%] & Basoda SDH[33%].
- DH Vidisha overall facility score is 73.62% which is achievable score for LaQshya certification
- It is seen from the graphs that all the parameters are inter-related and responsible for the shortfall of the facility.

C- Sections are the current challenges for Sironj & Basoda SDH due to unavailability of insufficient parameters gaps identified

DEPARTMENT'S	DH VIDISHA ACHIEVED SCORE	SDH BASODA ACHIEVED SCORE	SDH SIRONJ ACHIEVED SCORE	MINIMUM REQUIRED SCORE
LABOUR ROOM	76.10%	52.71%	70.39%	70%
OT	70.11%	26.94%	31.84%	70%
SNCU/NBSU	76.68%	38.32%	31.86%	70%
FAMILY PLANNING	85.47%	56.65%	29.60%	70%
LABORATORY	64.61%	19.16%	24.15%	70%
BLOOD BANK/BSU	66.00%	29.91%	20.09%	70%
ALL DEPARTMENTS	73.62%	37.11%	35.95%	70%

AREA OF CONCERN-PARA METERS	DH VIDISHA ACHIEVED SCORE	SDH BASODA ACHIEVED SCORE	SDH SIRONJ ACHIEVED SCORE	MINIMUM REQUIRED SCORE
INFRASTRUCTURE	68.47%	36.85%	35.21%	70%
SERVICES	88.29%	68.14%	26.47%	70%
MANPOWER	61.43%	54.00%	30.00%	70%
TRAININGS	66.67%	32.59%	35.84%	70%
DRUGS,SUPPLIES& EQUIPMENTS	86.74%	39.14%	46.28%	70%

LAB & DIAGNOSTICS	64.58%	`15.91%	25.00%	70%
IEC & PROTOCOLS	44.15%	10.47%	9.30%	70%
DOCUMENTATIONS	75.92%	38.46%	39.58%	70%

DEPARTMENT'S	DH VIDISHA DIFFERENCE	SDH BASODA DIFFERENCE	SDH SIRONJ DEIIERENCE	MINIMUM REQUIRED SCORE
LABOUR ROOM	Achieved	17%	Achieved	70%
OT	Achieved	43%	38%	70%
SNCU/NBSU	Achieved	32%	38%	70%
FAMILY PLANNING	Achieved	13%	40%	70%
LABORATORY	5%	51%	46%	70%
BLOOD BANK/BSU	4%	40%	50%	70%
ALL DEPARTMENTS	Achieved	33%	34%	70%

SCORE CARD

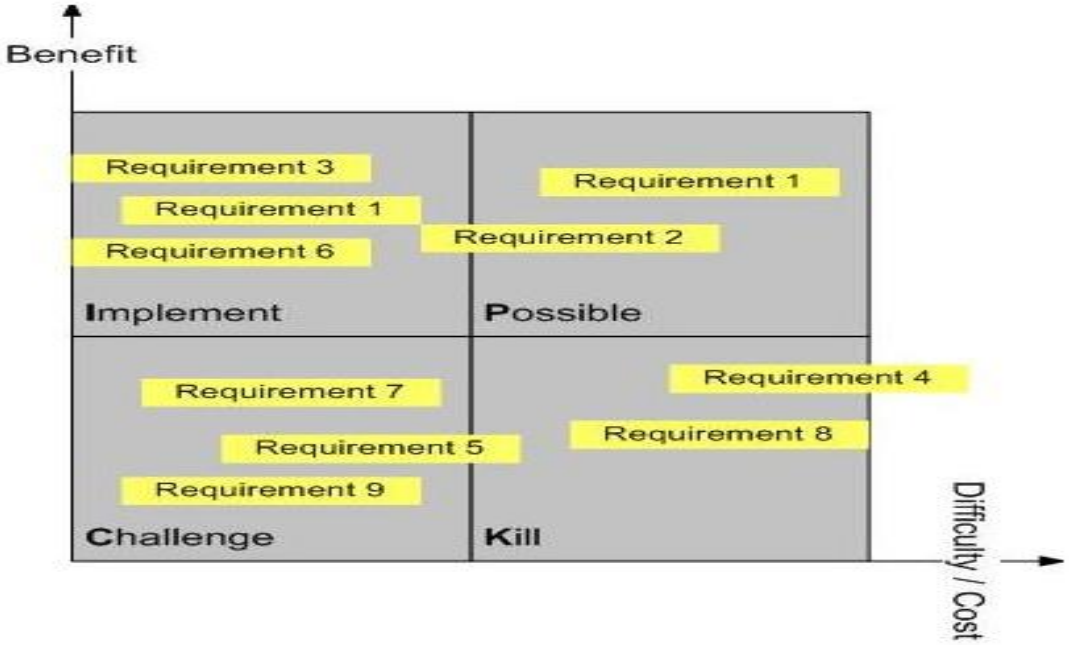
RESULTS- GAPS IDENTIFIED

- C-Sections in FRU' are Current Challenges for CHC Sironj & SDH Basoda
- It has been identified there is huge gap between standard set by ADT NITI Piramal Checklist [Laqshya + NQAS] & Actual service delivery of SDH & CHC.
- District Hospital Vidisha Labour Room & OT, Overall facility Quality score is >70%, This study will help to achieve certification of Laqshya & NQAS at District, State & National level.
- The Human Resource Gap, Poor physical Infrastructure and other supply side gape compound the problem, Lack of resources in terms of basic facilities, appropriate staff, essential equipment and supplies can be fulfilling with Proposed Action Plan in Each Facilities of Aspirational District Vidisha.
- Health workers have insufficient clinical knowledge and skills or understanding of how to ensure good quality of care

- Lack of organization of services at health facilities so that staff are not able easily provide care that they know is important & Non- availability of blood banking facilities

7. SUGGESTIONS

- Quality tool pick chart can be use by facility management to identify the low hanging fruits and can improve them by making an action plan for them it will help the hospital to improve the score in any assessment and the hospital will come closer to certificate achievable score



- Implementation of the suggested Action Plan must be follow by the District & State Government, Madhya Pradesh for Designated FRU's of Aspirational District Vidisha.

High Priorities

- Proposal for a new MCH wing for Sironj [37.11%] & Basoda[35.95] designated FRU's
- District Hospital Vidisha Labour Room & OT, with overall facility Quality score is >70%, Civil Surgeon can apply for the accreditation for LaQshya certification Appoint at least one Quality Officer in each FRU's for improvement in the quality care system

- Facility Based Quality Assessment must be following by every three months to improve quality concern areas, facilities at SDH Sironj & Basoda.
- Increasing the number of training centres for Medical & Para Medical Staff & Manpower requirement for the Blood storage unit to be fulfilled with training

Action plan is to be prepared for structural as well as process improvements by enabling FRU's standardization, Human resource strengthening, quality circles and rapid improvement cycles to improve the maternal and new-born health indicators.

References-

1. mnh toolkit
2. LaQshya Checklist
3. NQAS checklist